

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) National Right to Life Victory Fund		FEC IDENTIFICATION NUMBER ▼ C C00509893	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Printing Partners			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2016		
Mailing Address 929 West 16th Street			Amount 30906.79		
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : ED051FB3AFB1D40FB97F		
Purpose of Expenditure IE-Printing-Toomey		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Toomey, Patrick, Joseph, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA		
Calendar Year-To-Date Per Election for Office Sought		33928.73	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Printing Partners			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2016		
Mailing Address 929 West 16th Street			Amount 30906.80		
City Indianapolis	State IN	Zip Code 46202-2214	Transaction ID : E468E01724E3F4D529EF		
Purpose of Expenditure IE-Printing-Trump		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Trump, Donald, J, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		113776.84	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	61813.59
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	61813.59

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Cockfield, Wayne, , ,

[Electronically Filed]

Date

MM / DD / YYYY
12 / 20 / 2016

Signature